STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Complete Care AFH Inc
Coral Wood AFH
7006 Turquoise Dr SW
Lakewood, WA 98498

RE: Coral Wood AFH License # 754867

Dear Provider:

This letter addresses Compliance Determination(s) 80906 (Completion Date 07/29/2026) and 79122 (Completion Date 06/17/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/29/2026 and found that you have corrected the violations listed in the Full report dated 06/17/2026. Your home is back in compliance as of 10/15/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-a, WAC 388-76-10430-2-b, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10485, WAC 388-76-10485-1, WAC 388-76-10485-2, WAC 388-76-10475-1, WAC 388-76-10475-2, WAC 388-76-10475-2-a, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-3, WAC 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10475-3-c, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-ii, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-iv, WAC 388-76-10750-1, WAC 388-76-10355, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-4, WAC 388-76-10355-5, WAC 388-76-10355-6, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c, WAC 388-76-10355-6-d, WAC 388-76-10355-7, WAC 388-76-10355-7-a, WAC 388-76-10355-7-b, WAC 388-76-10355-7-c, WAC 388-76-10355-7-d, WAC 388-76-10355-8, WAC 388-76-10355-9, WAC 388-76-10355-10, WAC 388-76-10198-3, WAC 388-76-10198

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

This document was prepared by Residential Care Services for the Locator website.

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 06/03/2026 and 06/17/2026 of:

Coral Wood AFH
7413 Coral Lane SW
Lakewood, WA 98498

The following sample was selected for review during the unannounced on-site visit: 0 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

This document was prepared by Residential Care Services for the Locator website.

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jennifer LeMaster
Residential Care Services

06/18/2026
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Jedidah Mugo
Provider (or Representative)

06/26/2026
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(a) Assessment indicates the amount of medication assistance needed by the resident;

(b) Negotiated care plan identifies the medication service that will be provided to the resident;

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for three out of four residents Resident 2 [R2]; Resident 3 [R3] and Resident 4 [R4]. This failure placed three residents at risk of not receiving medications as ordered.

Findings included...

This document was prepared by Residential Care Services for the Locator website.

<Resident 2>

During a record review on 06/03/2026 at 11:33 A.M. of Resident 2's (R2) Medication Administration Record (MAR), dated June 2026, did not show Docusate sodium (for constipation), Turmeric – Black Pepper (for joint health); Fluticasone (allergies) prescribed as a daily dose. Methocarbamol (muscle spasms); Dicyclomine (for pain); and Hydrocodone-Acetaminophen (for pain) prescribed as needed or PRN.

Observation of R2's medication supply, on 06/03/2026 at 11:40 A.M. showed Docusate sodium, Turmeric – Black Pepper, Fluticasone; Methocarbamol; Dicyclomine; and Hydrocodone-Acetaminophen was included in R2's medication supply. At 11:49 A.M. showed Staff A looking for discontinued orders for Docusate sodium, Turmeric – Black Pepper, Fluticasone; Methocarbamol; Dicyclomine; and Hydrocodone-Acetaminophen.

During an interview on 06/03/2026 11:59 A.M. Staff A reported being unable to locate discontinue orders for Docusate sodium, Turmeric – Black Pepper, Fluticasone; Methocarbamol; Dicyclomine; and Hydrocodone-Acetaminophen. When asked about why the medications were included in R2's medication supply Staff A had no response.

<Resident 3>

During a record review on 06/03/2026 at 12:03 P.M. of Resident 3's (R3) Medication Administration Record (MAR), dated June 2026, did not show Antifungal cream (for itching) prescribed as needed or PRN. Glycerin Suppositories (for constipation); Oxycodone (for pain); Guaifenesin Extended (for allergies); Ester C (vitamin C deficiency); Aspirin (for pain) and Extra Strength Cranberry (for urinary tract health), prescribed as a daily dose or as needed or PRN. The MAR showed Acetaminophen (for pain); Docusate Sodium (for constipation); Polyethylene Glycol (for constipation); and Simethicone (for bloating) prescribed as needed or PRN.

Observation of R3's medication supply, on 06/03/2026 at 12:20 P.M. showed Antifungal cream; Glycerin Suppositories; Oxycodone; Guaifenesin Extended; Ester C; Aspirin; and Extra Strength Cranberry were included in R3's medication supply. Acetaminophen; Docusate Sodium; Polyethylene Glycol; and Simethicone were missing from R3's medication supply.

During an interview on 06/03/2026 12:21 P.M. Staff A reported Antifungal cream; Glycerin Suppositories; Oxycodone; Guaifenesin Extended; Ester C; Aspirin; and Extra Strength Cranberry should not have been included in R3's medication supply. Staff A stated being unsure why Acetaminophen; Docusate Sodium; Polyethylene Glycol; and

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Simethicone were missing from R3's medication supply

<Resident 4>

During a record review on 06/03/2026 at 12:25 P.M. of Resident 4's (R4) Medication Administration Record (MAR), dated June 2026, showed Apixaban (for blood thinning) as prescribed as a daily dose. – This was in the resident's package under the name Eliquis.

Observation of R4's medication supply, on 06/03/2026 at 12:32 P.M. showed Apixaban was not included in R4's medication supply. At 12:34 P.M. showed Therems (for vitamin deficiency) as a daily dose in R4's bubble pack was not listed on the MAR.

During an interview on 06/03/2026 12:35 A.M. Staff A stated being unsure why Apixaban was missing from R4's medication supply and why Therems was not listed on the MAR.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Coral Wood AFH is or will be in compliance with this law and / or regulation on (Date) 06|26|2026 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Jedidah Mugo
Provider (or Representative)

06|26|2026
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure prescribed and over-the-counter medications were properly stored and labeled for 1 of 4 residents (Resident 2). This failure placed Resident 2 at risk for medication errors.

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Findings included...

Observation on 06/03/2026 at 11:33 A.M. of R2's medication supply showed an unidentified liquid medication in a glass bottle with no identifying label information such as Patient & Prescriber Details; Pharmacy Information; Medication Name & Strength; Directions for Use and Quantity & Refills.

Observation on 06/03/2026 showed Guaifenesin in a pill packet with 11 pills and 3 missing pills with no identifying label information such as Patient & Prescriber Details; Pharmacy Information; Directions for Use and Quantity & Refills.

Observation on 06/03/2026 showed a pill bottle with several unidentified pills with no identifying label information such as Patient & Prescriber Details; Pharmacy Information; Medication Name & Strength; Directions for Use and Quantity & Refills.

During an interview on 06/03/2026 at 11:59 P.M., when asked about why a glass bottle. Guaifenesin, and a pill bottle with no identifying label information was in R2's medication supply Staff A had no response.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Coral Wood AFH is or will be in compliance with this law and / or regulation on (Date) 06|26|2026 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Jedidah Mugo — Provider (or Representative)

06|26|2026 — Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(a) Name of the resident;

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

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(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to ensure the medication log was kept accurate for 1 of 5 residents (Resident 1 [R1]). This failure placed R1 at risk for a medication error.

Findings included...

Record review on 06/03/2026 at 12:01 P.M., of Resident 1's (R1) Medication Administration Record (MAR), showed the record was dated April 2026 and showed Aspirin (for unknown); Donepezil (for unknown; Omeprazole (for unknown); and Tamsulosin (for unknown) as daily doses.

An observation of R1's medication supply, on 06/03/2026, showed Aspirin; Donepezil; Omeprazole; and Tamsulosin was included in R1's medication supply.
Observation of R1's April 2026 MAR showed Aspirin being administration from April 1st through April 24th, 27th, 29 and 30th.
Observation of R1's April 2026 MAR showed Donepezil being administration from April 1st through April 25th, and April 27th through April 30th.
Observation of R1's April 2026 MAR showed Omeprazole being administration from April 1st through April 30th.
Observation of R1's April 2026 MAR showed Tamsulosin being administration from April 4th through 30th.

During an interview on 06/03/2026 at 12:01 P.M., Staff B reported the AFH does not

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have a June 2026 MAR for R1. Staff B explained R1's family is bringing June 2026 MAR to the AFH this afternoon.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Coral Wood AFH is or will be in compliance with this law and / or regulation on (Date) 06/19/2026 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Jedidah Mugo
Provider (or Representative)

06/26/2026
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure a window screen was in good repair for 1 of 5 bedrooms (Bedroom 5). This failure decreased the quality of life for one resident in the home.

Findings included...

Observation during an environmental tour on 06/03/2026 at 11:15 A.M. in Bedroom 5 showed the bottom of the window screen was bent, causing the screen to be detached from the frame, and was held by blue adhesive tape.

During an interview on 06/03/2026 11:17 A.M. Staff A stated they would let the Provider know the screen needs repair.

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Coral Wood AFH is or will be in compliance with this law and / or regulation on (Date) 06/20/2026 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Jedidah Mugo
Provider (or Representative)

06/26/2026
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

(8) Identification of any communication barriers the resident may have and how the

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home will use behaviors and nonverbal gestures to communicate with the resident;

(9) A statement of the ability for resident to be left unattended for a specific length of time; and

(10) A hospice care plan if the resident is receiving services for hospice care delivered by a licensed hospice agency.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home failed to ensure the Negotiated Care Plan (NCP) was completed and provided to 1 of 4 residents (Resident 2 [R2]). This failure placed R2 resident at risk for caregiving staff not knowing about necessary information about needs and care.

Findings included...

Record review on 06/03/2026 at 11:35 A.M showed R2's resident file contained no evidence of an NCP.

Observation on 06/03/2026 at 11:30 A.M. showed Staff A looking for the missing NCP for R2.

During an interview on 06/03/2026 at 11:32 AM Staff A said they were unsure why an NCP form was missing from R2's resident file.

The department received an email from Resident Manager on 06/04/2026 at 12:03 P.M. that included NCP's for R1, R3 and R4. R2's NCP was not included as an attachment in this email.

As of 06/15/2026 the department has not received an NCP for R2.

This document was prepared by Residential Care Services for the Locator website.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Coral Wood AFH is or will be in compliance with this law and / or regulation on (Date) 06|18|2026 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Jedidah Mugo
Provider (or Representative)

06|26|2026
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had Tuberculosis testing results available for 3 of 4 current caregivers (Provider, Resident Manager (RM) and Staff A). This failure placed all residents at risk of harm by receiving care and services from individuals whose complete Tuberculosis testing stats was unknown.

Findings included...

During an administrative/staff record review on 06/03/2026 at 12:45 P.M., records for Provider, RM and Staff A contained no evidence of Tuberculosis testing results.

Record review showed RM's start date of 03/07/2022. Record review showed Staff A's start date on 11/02/2023.

During an interview on 06/03/2026 at 12:57 P.M., Staff A stated they were unaware of where the needed documentation was located.

The department received an email from Resident Manager on 06/04/2026 at 12:03 P.M. that included incomplete Tuberculosis testing results for Provider, RM and Staff A. Provider's record only showed a completed one- step test. RM's report did not show what type of test (injection, x-ray or blood) was completed. Staff A's report had no

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service date.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Coral Wood AFH is or will be in compliance with this law and / or regulation on (Date) 10/15/2026.
Rm out of the country till 10/10/2026 when TB test will be done prior to resuming work.
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Jedidah Mugo — Provider (or Representative)

06/26/2026 — Date

This document was prepared by Residential Care Services for the Locator website.

service date.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Coral Wood AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Complete Care AFH Inc
Coral Wood AFH
7006 Turquoise Dr SW
Lakewood, WA 98498

RE: Coral Wood AFH # 754867

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/17/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

This document was prepared by Residential Care Services for the Locator website.

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/17/2026), no later than 08/01/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

The Adult Family Home failed to ensure each resident record contained the resident's Social Security numbers. The AFH will update the resident's records with this information. This resulted in no resident harm. Consultation given.

WAC 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

The Adult Family Home failed to have a Written Residency Agreement policy signed for 4 of 4 residents (Resident 1, Resident 2, Resident 3 and Resident 4) upon their admission. The department received the Written Residency Agreement policies with signatures on 06/04/2026. This resulted in no resident harm. Consultation given.

This document was prepared by Residential Care Services for the Locator website.

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(3) Have evidence of liability insurance coverage available if requested by the department.

The Adult Family Home failed to have proof of continued liability insurance coverage. The Provider forwarded current insurance coverage to the department on 06/04/2026. This resulted in no resident harm. Consultation given.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

This document was prepared by Residential Care Services for the Locator website.

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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